

Changing Community Environments to Prevent Sexual Violence: The Spectrum of Prevention

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Introduction

Sexual violence (SV) originates out of a complex interplay of individual, relationship and environmental (community and societal) factors. Prevention of SV therefore requires a comprehensive prevention strategy and participation from multiple sectors and stakeholders. Practitioners and advocates interested in implementing comprehensive SV prevention initiatives can benefit from tools designed to help groups engage diverse partners, develop strategic objectives and delineate prevention activities. The Spectrum of Prevention¹ is one such tool that offers a framework for developing effective and sustainable SV primary prevention initiatives that have the potential to influence community environments, including norms, to prevent SV. The Spectrum of Prevention is comprised of six levels of intervention: (1) Strengthening Individual Knowledge and Skills; (2) Promoting Community Education; (3) Educating Providers; (4) Fostering Coalitions and Networks; (5) Changing Organizational Practices; and (6) Influencing Policy and Legislation (see Figure 1).

Figure 1

The Spectrum of Prevention



I. Prevention Institute: Building Momentum for Primary Prevention

Prevention Institute is a non-profit national center dedicated to improving community health and well-being by building momentum for effective primary prevention. Primary prevention is an approach to addressing problems *before* they occur to reduce the likelihood or frequency of incidents, injuries, and disease conditions.¹ Prevention Institute recognizes that a fundamental paradigm shift in the approach to health and safety issues in the US is needed: to

¹ The Spectrum of Prevention was originally developed by Larry Cohen in 1983 when he was working as director of prevention programs at the Contra Costa County Health Department. It is based upon the work of Dr. Marshall Swift in preventing developmental disabilities.

move from treating problems *after the fact* to prevention *in the first place* and from a focus on *individuals* to a comprehensive *community* focus. Prevention Institute fosters quality prevention efforts, moving beyond approaches that reach individuals, one person at a time, to create systematic, comprehensive strategies that change the conditions that impact community health and safety. Prevention Institute's work is characterized by a strong commitment to community participation and promotion of equitable health outcomes among all social and economic groups. Since its founding in 1997, the organization has built on the successes of a variety of fields (e.g., tobacco control and substance abuse prevention) and applied them to new challenges in fields such as injury and violence prevention, traffic safety, health equity, nutrition and physical activity, and youth development.

II. Primary Prevention of Sexual Violence

During the past 15 years, momentum has been building to evolve and expand primary prevention efforts to address SV. These efforts address unique issues related to SV and emerge from the anti-sexual assault movement's rich history and accomplishments. Prevention Institute has supported communities in addressing SV through the adaptation and application of lessons from prevention successes in related areas of violence prevention, as well as issues such as tobacco control and traffic safety. In particular, Prevention Institute has emphasized the need for primary prevention efforts to proactively focus on changing the environmental conditions that contribute to SV—including norms, which are an important environmental element. The Institute of Medicine affirmed the powerful influence of the physical, social and cultural environments in which individuals operate and the importance of an environmental prevention approach in concluding that interventions must address societal-level phenomena and direct attention to the environment within which people live.ⁱⁱ Prevention efforts aimed at influencing our community environments can foster safer behavior and reduce the likelihood of SV perpetration.

III. A Comprehensive Approach: The Spectrum of Prevention

Recognizing the difficulties associated with comprehensive prevention efforts, Larry Cohen developed the Spectrum of Prevention to delineate a variety of complementary arenas for change. Comprised of six levels of increasing scope, the Spectrum includes the following intervention categories: (1) Strengthening Individual Knowledge and Skills; (2) Promoting Community Education; (3) Educating Providers; (4) Fostering Coalitions and Networks; (5) Changing Organizational Practices; and (6) Influencing Policy and Legislation (see Figure 1). The Spectrum has been applied in a variety of fields including violence prevention, youth development, substance abuse, traffic safety, and nutrition and physical activity. It has been used by county and state health departments as well as by community-based organizations and academic institutions.

An activity performed at any of the Spectrum's six levels constitutes an intervention. However, the inter-relatedness between levels of the Spectrum, or synergy, maximizes the results of each activity and creates a greater transformative force. In most instances, environmental change requires efforts at the broadest levels of the Spectrum (i.e., changing organizational practices [Level 5] and influencing policy and legislation [Level 6]). Addressed in concert, the other levels of the Spectrum contribute to and build upon this momentum for change. For example, efforts to influence policy (Level 6) will have a better chance of enactment when public awareness and support are garnered through individual and community education (Levels 1 and 2) as well as when a variety of partners in different sectors are working collaboratively to effect

the desired change (Levels 3, 4 and 5). Although not considered a Spectrum strategy, the use of program evaluation is critical to provide feedback regarding the utility of Spectrum activities. Program evaluation not only offers insight into the effectiveness of particular strategies, it can also suggest opportunities to modify aspects of the intervention to enhance its utility. An explanation of each level of the Spectrum and its relevance to SV prevention is provided below, with an emphasis on the two broadest Spectrum levels:²

- 1. Strengthening Individual Knowledge and Skills:** Individual knowledge and skills related to healthy relationships, equity and healthy sexuality are essential to prevent SV. Physicians, childcare professionals, teachers, athletes and other persons perceived to have expertise or authority can engage individuals to build such knowledge and skills.
- 2. Promoting Community Education:** Groups of people can be reached with information and resources to prevent SV. This can help build a critical body of support for safer behavior, positive norms and proactive prevention policies. For example, mass media campaigns can increase awareness, change attitudes, and build support for SV prevention policies.ⁱⁱⁱ
- 3. Educating Providers:** Teachers and health care providers, as well as building managers, bartenders, insurance policy agents and hairdressers are but a few providers with frequent opportunities to share information and influence the opinions of clients, community members, and colleagues. For example, with additional training, journalists could be better equipped to report on SV from a prevention perspective and librarians could acquire books that emphasize healthy sexuality across the lifespan.
- 4. Fostering Coalitions and Networks:** This level of the *Spectrum* promotes community organizing to bring together the necessary individual and organizational partners to ensure an initiative's success. SV prevention coalitions can broaden their membership to include, among others, faith leaders, media advocates, prisoner and disability rights organizations, child and elder abuse prevention councils and businesses. Such actions expand the coalition's resources, expertise and prevention capacity and foster a broader constituency primed for change.³
- 5. Changing Organizational Practices:** Reshaping the regulations and practices of key organizations such as businesses, media, faith institutions and schools can have a broad-based impact. Nearly everyone belongs to or works in an organization of some kind, which may offer opportunities to promote change. Institutions can model healthy behaviors for clients, employees and the surrounding community. They can offer incentives and disincentives for behaviors to shape a more positive overall organizational climate. For example, a media outlet could restrict advertising with negative portrayals of women, while healthcare institutions could establish anti-harassment policies and model egalitarian relationships.

² "Sexual Violence and the Spectrum of Prevention: Towards a Community Solution" provides a more comprehensive description of the use of the Spectrum for sexual violence prevention and can be accessed at <http://www.preventioninstitute.org/component/jlibrary/article/id-97/127.html>. A thorough description of primary prevention and the application of the *Spectrum* to promoting breast-feeding can be found in "Beyond Brochures: The Imperative for Primary Prevention," in the forthcoming academic text, *Prevention is Primary: Strategies for Community Wellbeing*. The chapter can be accessed at <http://www.preventioninstitute.org/component/jlibrary/article/id-101/>.

³ "Developing Effective Coalitions: An Eight-Step Guide," a tool to guide advocates and practitioners through the process of coalition building, can be accessed at <http://www.preventioninstitute.org/component/jlibrary/article/id-104/127.html>.

6. Influencing Policies and Legislation: Policy provides a set of rules to guide the activities of government or quasi-governmental organizations. By mandating what is expected or required, policies can foster behavior change on a scale that can ultimately shape societal norms. While policy is frequently advanced at the state and federal levels, effective local-level policy is integral to the success of prevention initiatives.^{iv} For example, the Expect Respect Program of SafePlace in Austin, Texas, has demonstrated a positive influence on the social climate of K-12 schools through the development of comprehensive bullying and sexual harassment prevention policies.^v Alternately, Ramsey County Minnesota instituted a policy that created a dedicated funding stream for primary violence prevention, including SV prevention.^{vi}

IV. Applying the Spectrum of Prevention for Sexual Violence Prevention

Groups can use the Spectrum of Prevention to develop comprehensive local, statewide or national change strategies. This is the most common use of the Spectrum. Additionally, it can also be used to identify prevention partners and assess the comprehensiveness of intervention efforts.

1) Developing a Comprehensive Strategy: An organization can work to implement prevention interventions comprehensively across all levels of the Spectrum (see text box). In most cases, however, a group of organizations works together to develop and implement activities across the levels of the Spectrum. Groups can develop interventions around a specific objective – for example, a workplace free from sexual harassment or a local media environment that promotes equitable relationships and healthy sexuality through its programming and related news coverage. Once an objective or a set of objectives is determined, the Spectrum can be used to delineate the interrelated activities needed at each level to achieve those objectives.

In Minnesota, for example, the Spectrum was used to develop a common organizing framework among multiple SV prevention organizations, including state prevention specialists, members of a SV Prevention Leadership Academy, and the state SV Prevention Action Council. Rape crisis centers, sexual assault programs and other groups in Minnesota have also used the

SYNERGY OF THE SPECTRUM OF PREVENTION IN ACTION: MEN CAN STOP RAPE

Men Can Stop Rape (MCSR) is an evidence-based approach to addressing sexual violence. It has been applied on in high school settings and more recently on college campuses across the country. MCSR engages in activities across the Spectrum to mobilize male youth to challenge harmful aspects of traditional masculinity and foster healthy relationships and gender equity. The Strength Campaign is an educational campaign designed to raise awareness of sexual and other violence in dating relationships among youth and highlight the vital role for young men in prevention (Spectrum level 2).¹ This campaign complements and reinforces the individual skill-building work MCSR offers through their Men of Strength (MOST) clubs (Spectrum level 1). MCSR extends the reach and impact of their work by training providers on their approach (Spectrum level 3), working in coalition with schools and community groups (Spectrum level 4), ensuring their organizational practices reflect values of gender equity and positive masculinity (Spectrum level 5) and advocating for the passage of legislation such as the Violence Against Women Act of 2005 (Spectrum level 6).¹

Spectrum to develop local strategies and collaborations. The State of Oklahoma used the Spectrum as the framework for its statewide SV prevention strategy. At the national level, the National Coalition to Prevent Child Sexual Exploitation, a coalition of more than 30 agencies and experts led by the National Center for Missing and Exploited Children, uses the Spectrum to ensure its agenda includes policy and organizational practice change.

2) Identifying and Engaging Partners: Developing an effective prevention initiative is a dynamic process. As a group focuses on what it wants to achieve, it may become necessary to engage new partners or foster new networks (Spectrum level 4). The Spectrum can help groups identify, recruit and engage partners to enhance their efforts. For example, during Oklahoma’s strategic planning process, engaging and influencing the media and faith communities were identified as strategic objectives in their plan to shift community norms toward SV prevention. While leaders within faith communities were well-represented in the newly formed Oklahoma Council for the Prevention of SV, the Council recognized that media experts and leaders were missing from the process, and therefore set out to recruit media representatives to the Council.

3) Assessing the Comprehensiveness of Efforts: The Spectrum of Prevention has utility as a standard for comprehensiveness. Groups can map out their activities along each level of the Spectrum and identify gaps or duplication in efforts. Some groups formally use the Spectrum to evaluate and fund grants. For example, in their My Strength Campaign, the California Coalition Against Sexual Assault’s pilot site report form required each local program to use the Spectrum as a framework to help assess if they were working comprehensively to not only reach individuals, but also to foster sustained changes in local community environments.

V. Challenges in Using the Spectrum of Prevention

At times it can be difficult for groups to use the Spectrum without some prior familiarity with primary prevention and environmental change concepts. The Spectrum does not prescribe specific actions; rather it is a tool to guide a set of interventions through a participatory, creative process. Training and technical assistance from a consultant familiar with how the Spectrum can be used in SV prevention can assist groups to brainstorm as well as prioritize strategic objectives and activities that are responsive to community conditions, needs and assets.

Some groups may find it especially challenging to identify actions at the two broadest levels of the Spectrum (i.e., changing organizational practices and influencing policy and legislation). In the United States, individual-change approaches receive more funding and support than efforts to change institutional practices or public policy. Often, working with individuals or conducting community education can feel more familiar or more direct. It may be difficult to even envision or describe broader level practices or policies due to the way in which such changes alter the status quo (i.e., we are familiar with the way things are and the way they are typically done). In many cases, comprehensive prevention efforts require imagining new environments and identifying practices and policies that can foster the development of such environments. This kind of work requires creativity and a willingness to engage in activities that are evidence-*informed*, but may not yet be evidence-*based*. Often, this means working in the realm of “promising” or “emerging” approaches, rather than with those that are already considered evidence-based.

Delineating a set of actions that have the potential to achieve synergy across the levels of the Spectrum can also be challenging. Opportunities and demands for prevention efforts abound. Groups can do a multitude of activities at each level of the Spectrum that may have little sustained collective impact if they are not linked together. Interventions across the Spectrum

should compliment each other. For example, an SV prevention coalition focused on changing the media environment as a strategic objective might participate in a broader media coalition (Spectrum level 4) to advocate for policies and practices restricting marketing of unhealthy and violent products to children (Spectrum levels 5 and 6). To mobilize support for such policies and practices, they may conduct community education to parent groups (Spectrum level 2) and provide training to School Boards, and marketing firms on the harms of marketing to children (Spectrum level 3). Such activities, across Spectrum levels 2-6, are all aligned toward changing marketing policies and practices. Since they are mutually reinforcing, each activity is more likely to be successful, and together, they are more likely to achieve the desired broad impact.

VI. Conclusion

An effective strategy for SV prevention requires the implementation of a comprehensive approach that addresses not only individual behaviors but also the broader environments in which they occur (e.g., communities, society). Primary prevention requires a shift from a focus on “programs” to a focus on more far-reaching change. The Spectrum of Prevention offers practitioners a framework for developing a comprehensive, multidisciplinary SV prevention strategy that has the potential to positively change environments and reduce the likelihood that SV will be perpetrated.

ⁱ Cohen, L., Davis, R., & Graffunder, C. (2006). Before It Occurs: Primary Prevention of Intimate Partner Violence and Abuse. In P. Salber & E. Taliaferro (Eds.), *The Physician's Guide to Intimate Partner Violence and Abuse* (pp. 89-100). Volcano, CA: Volcano Press.

ⁱⁱ Smedley, B. D., & Syme, S. L. (Eds.). (2000). *Promoting health: Intervention strategies from social and behavioral research*. Washington, DC: National Academic Press.

ⁱⁱⁱ Jernigan, D.H., & Wright, P.A. (1996). Media advocacy: Lessons from community experiences. *Journal of Public Health Policy, 17*, 306-330.

^{iv} Holder, H.D., & Treno, A. J. (1997). Media advocacy in community prevention: News as a means to advance policy change. *Addiction, 92* (s2), S189–S199.

^v SafePlace. *Expect respect: Promoting safe & healthy relationships for youth*. Retrieved May 23, 2005 from http://www.austin-safeplace.org/site/PageServer?pagename=program_scl_schoolservices.

^{vi} Ramsey County Public Health Department. *Sexual Violence Prevention*. Retrieved May 23, 2005 from http://www.co.ramsey.mn.us/ph/hb/initiative_sexual_violence_prevention.htm.